

PART B - FEE(S) TRANSMITTAL

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22840 7590 01/15/2009

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| | |
|------------------|--------------------|
| MELISSA LECK | (Depositor's name) |
| MELISSA LECK/ | (Signature) |
| 13 FEBRUARY 2009 | (Date) |

GE HEALTHCARE BIO-SCIENCES CORP.
 PATENT DEPARTMENT
 800 CENTENNIAL AVENUE
 PISCATAWAY, NJ 08855

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/519,433 | 06/23/2005 | Karen Williams | PA0247 | 7534 |

TITLE OF INVENTION:

REAGENTS AND A METHOD FOR SATURATION LABELLING OF PROTEINS

| APPL. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional | NO | \$1510 | \$300 | \$1810 | 04/15/2009 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| POWERS, FIONA | 1626 | 548-427000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. YONGGANG JI

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GE HEALTHCARE UK LIMITED

AMERSHAM, GREAT BRITAIN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by change the required fee(s), or credit any overpayment, to Deposit Account Number 502-590.

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature /YONGGANG JI

Date 13 FEBRUARY 2009

Typed or printed name YONGGANG JI

Registration No. 53073

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